

This Space for Date Received Stamp

**STATE OF HAWAII  
DEPARTMENT OF TAXATION  
APPLICATION FOR GENERAL  
EXCISE, USE, EMPLOYER'S  
WITHHOLDING, TRANSIENT  
ACCOMMODATIONS, AND  
RENTAL MOTOR VEHICLE &  
TOUR VEHICLE  
IDENTIFICATION NUMBER**

This Space For Office Use Only

**02**

Form GEW-TA-RV-3

(Rev. 1993)

WALK-INS: SUBMIT TWO FORMS

MAIL-INS: SEND ORIGINAL ONLY

Identification Number

**TYPE OR PRINT LEGIBLY**

<b>1. MAILING ADDRESS</b>			<b>BUSINESS ADDRESS</b>		
Taxpayer's Name: Last, First, Middle Initial/Corporation, etc.			DBA Name: (i.e., Your Business Name)		
C/O					
Address			Address		
City	State	Zip Code + 4	City	State	Zip Code + 4

**2. TYPE OF OWNERSHIP (Check One)**

- 1 ☐ Individual    3 ☐ Corporation    5 ☐ State Agency    7 ☐ Other (Explain)  
2 ☐ Partnership    4 ☐ Federal Agency    6 ☐ City Agency

**3. PHONE NUMBER**

- (a) Business ( ) - - - - -  
(b) Residential ( ) - - - - -

**4. (a) Your Social Security Number**

- - - - -

**(b) Spouse's Social Security Number**

- - - - -

**5. (a) Federal Employer's I.D. Number (FEIN)**

- - - - -

**(b) Parent Corporation's FEIN**

- - - - -

**6. (a) Contractor's License Number**

- - - - -

**(b) Parent Corporation's G.E. I.D. Number**

- - - - -

**7. OWNERS, PARTNERS, PRINCIPAL CORPORATE OFFICERS: (Note: Attach a separate sheet of paper if more space is required.)**

Social Security Number	Name (Last, First, Middle Initial)	Title	Business Phone Number	Residential Phone Number
			( )	( )
			( )	( )
			( )	( )
			( )	( )

**8. APPLICATION IS HEREBY MADE FOR: (Please check all that apply) STARTING DATE, AND LICENSE/REGISTRATION FEE**

- 1 ☐ General Excise License    Date Business Began in Hawaii \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(If Box 1 is checked, enter \$20.00 here) ..... 1 \$ \_\_\_\_\_
- 2 ☐ Employer's Withholding Identification Number    Date Withholding Began \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ..... 2 - 0 -
- 3 ☐ Transient Accommodations Registration    Date Transient Accommodations Began in Hawaii \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Check only one: (Code 05) ☐ \$5.00 (1 - 5 units)  
(Code 06) ☐ \$15.00 (6 or more units) ..... 3 \_\_\_\_\_
- 4 ☐ Seller's Collection Of Use Taxes    Date Began in Hawaii \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ..... 4 - 0 -
- 5 ☐ General Excise License for One-Time Event    Date Began in Hawaii \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(If Box 5 is checked, enter \$20.00 here) ..... 5 \_\_\_\_\_
- 6 ☐ Use Tax Only    Date Goods Were First Imported into Hawaii \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ..... 6 - 0 -
- 7 ☐ Rental Motor Vehicle & Tour Vehicle Registration    Date Began in Hawaii (Not Before 01/01/92) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(If Box 7 is checked, enter \$20.00 here) ..... 7 \_\_\_\_\_

**Total Amount Due** (Add items 1 thru 7)

Pay in U.S. dollars on U.S. Bank to "HAWAII STATE TAX COLLECTOR." Attach check to this form ..... \$

**9. FILING PERIOD FOR: (check your filing period for the applicable taxes)**

- (a) General Excise Tax..... ☐ Monthly ..... ☐ Quarterly ..... ☐ Semi-Annually  
(b) Employer's Withholding Tax..... ☐ Monthly ..... ☐ Quarterly  
(c) Transient Accommodations Tax..... ☐ Monthly ..... ☐ Quarterly ..... ☐ Semi-Annually  
(d) Rental Motor Vehicle and Tour Vehicle Surcharge Tax..... ☐ Monthly ..... ☐ Quarterly ..... ☐ Semi-Annually

For items (a), (c), and (d): Check monthly if you expect to pay more than \$2,000 a year of taxes in the respective taxes;Check quarterly if you expect to pay \$2,000 or less a year in the respective taxes; orCheck semi-annually if you expect to pay \$1,000 or less a year in the respective taxes.

For item (b):

Check monthly if you expect to pay more than \$1,000 a year in withholding taxes; orCheck quarterly if you expect to pay \$1,000 or less a year in withholding taxes.

10. ACCOUNTING PERIOD:

- ☐ Calendar Year (The 12-month period from January 1 to December 31.)
- ☐ Fiscal Year Ending: \_\_\_\_ / \_\_\_\_  
(A 12-month period ending the last day of any month except December. Example: June 30 06/30)

## 11. ACCOUNTING METHODS:

- ☐ Cash (Report all income in the period when it is actually or constructively received, either in the form of cash or its equivalent, or other property.)
- ☐ Accrual (Report income when you earn it, whether or not you actually receive it.)

12. TYPE OF BUSINESS ACTIVITIES: (Circle all that apply. See Instructions for description of each business activity.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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List Your Primary Type of Business Activity: \_\_\_\_\_

13. DO YOU QUALIFY FOR A DISABILITY EXEMPTION? ☐ Yes ☐ No If yes, Forms N-172 and N-857 must be completed and submitted before the \$2,000 exemption of gross income of any blind, deaf or totally disabled person and rate of 1/2 of 1% for remaining gross income can be allowed.

14. If you took over the business from a previous owner, state the owner's/business' name, last known address, and General Excise Identification number. Otherwise, enter "not applicable."

15. (a) List by island the address(es) of your rental real property (e.g. land, building, apartments, condominiums, or hotels or other transient lodging).  
 (b) List by island the address(es) of your rental motor vehicle and/or tour business locations.  
 (c) If a transient accommodation (t.a.), or if a rental motor vehicle or tour business location (r.v.), place a check mark in the appropriate column on the right.  
 (d) Attach a separate sheet of paper if more space is required.

[illegible]

THE ABOVE STATEMENTS ARE HEREBY CERTIFIED TO BE CORRECT TO THE BEST KNOWLEDGE AND BELIEF OF THE UNDERSIGNED WHO IS DULY AUTHORIZED TO SIGN THIS APPLICATION.

Signature of Owner, Partner, Officer, or Agent

Title: Owner, Partner, Officer, or Agent

Date \_\_\_\_\_

**MAILING ADDRESSES & TELEPHONE NUMBERS**  
(Please direct all inquiries or correspondence to the nearest district office.)

OAHU DISTRICT OFFICE  
P.O. Box 1425  
Honolulu, HI 96806-1425  
Telephone: (808) 587-4242  
Toll Free: 1-(800)-222-3229

MAUI DISTRICT OFFICE  
P.O. Box 1427  
Wailuku, HI 96793-6427  
Telephone: (808) 243-5382

HAWAII DISTRICT OFFICE  
P.O. Box 937  
Hilo, HI 96721-0937  
Telephone: (808) 933-4321

KAUAI DISTRICT OFFICE  
P.O. Box 1687  
Lihue, HI 96766-5687  
Telephone: (808) 241-3456